

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	3/30/01
FORMALITY REVIEW	H.S	866	04-17-01

cut - 571

10/09/01

INDEX OF CLAIMS

- | | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

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If more than 150 claims or 10 actions
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Best Available Copy

10/18/01
C.C.
04-17-01